

BASICS IN OBSTETRICS

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PROFESSOR AND HOD
DEPARTMENT OF OBG

Differential Diagnosis of Pregnancy

- Distended bladder
- Pseudocyesis
- Ovarian cyst
- Fibroid uterus
- Encysted peritonitis

Ovular period

- The first 28 days from LMP or 2 weeks after ovulation/fertilisation

Embryonic period

- Period from 29th day (5th week from LMP) to 69 days (9 weeks and 6 days) from LMP

Foetal period

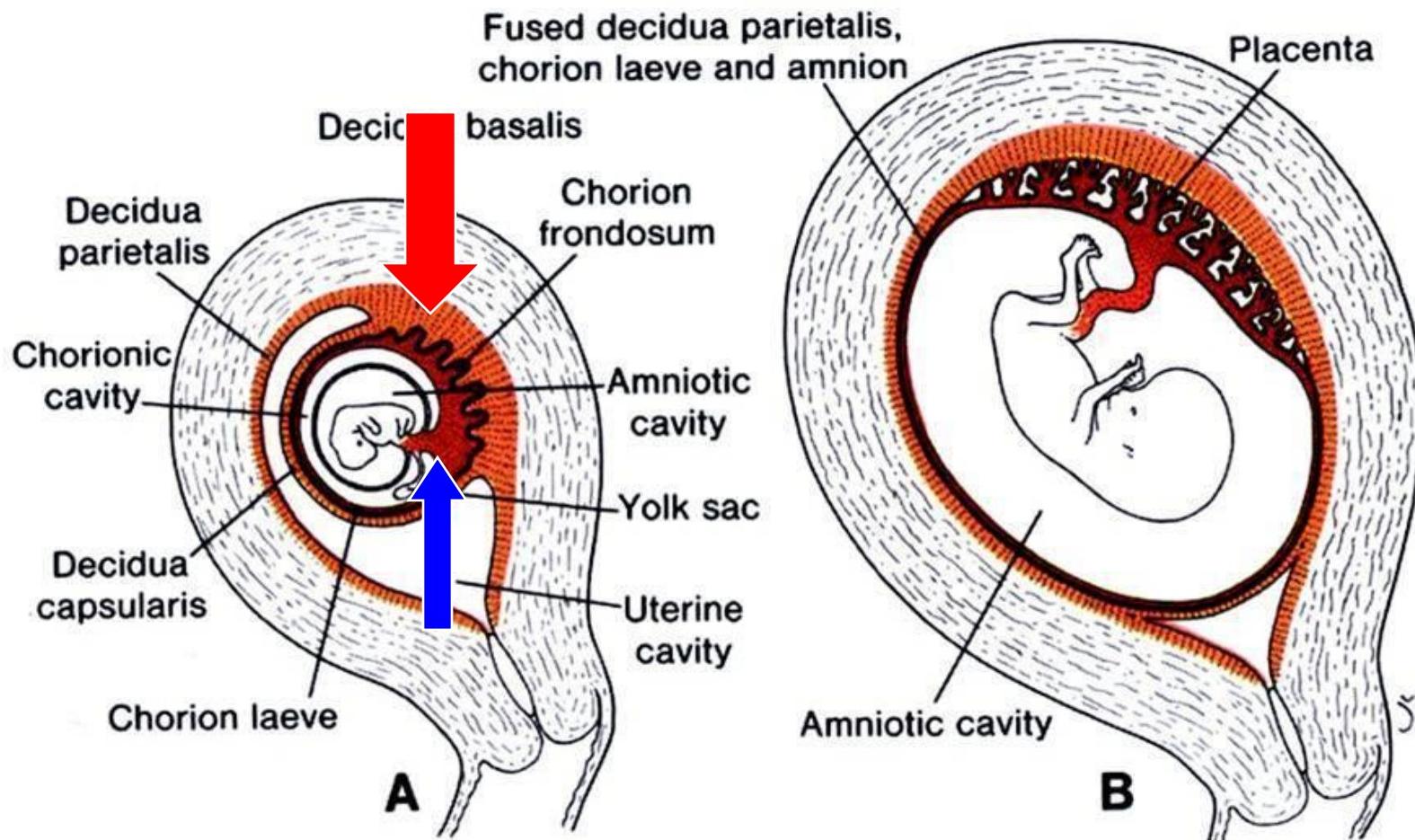
- Period from 70th day of LMP (10th week of LMP) till delivery

Period of organogenesis

- First 4 months of conception

Development of placenta

- Chorion frondosum and part of decidua basalis
- Decidua basalis— stratum spongiosum and stratum compactum
- Outer cell mass of trophoblast differentiate into 3 layers
 - Cytotrophoblast
 - Syncytiotrophoblast
 - Extra-embryonic mesoderm
- Eroding cytotrophoblasts create lacunae
- Lacunae develop into intervillous space
- Nitabuch's layer is a fibrinoid condensation of decidua preventing deep implantation of trophoblasts
- The functional unit is chorionic villus



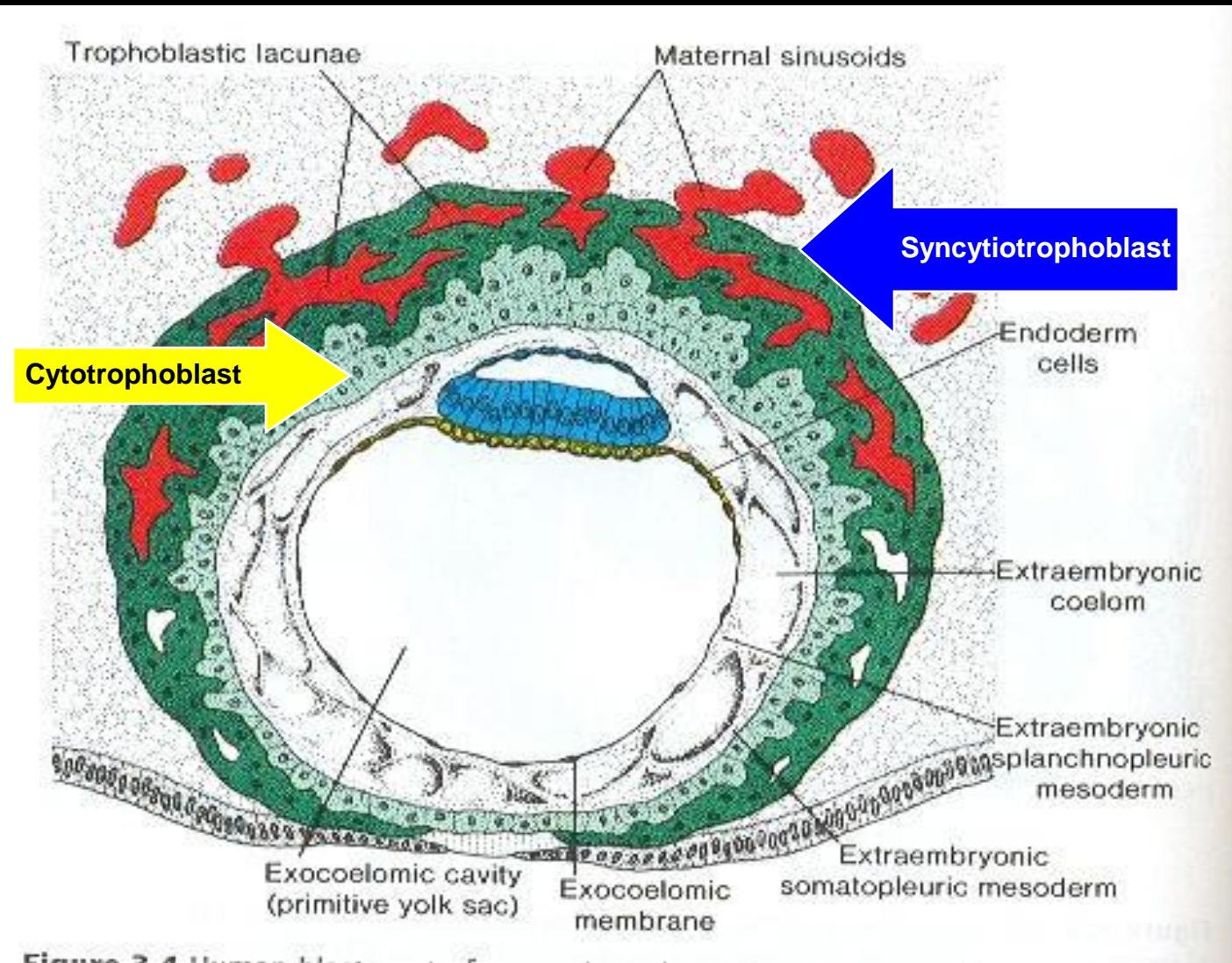
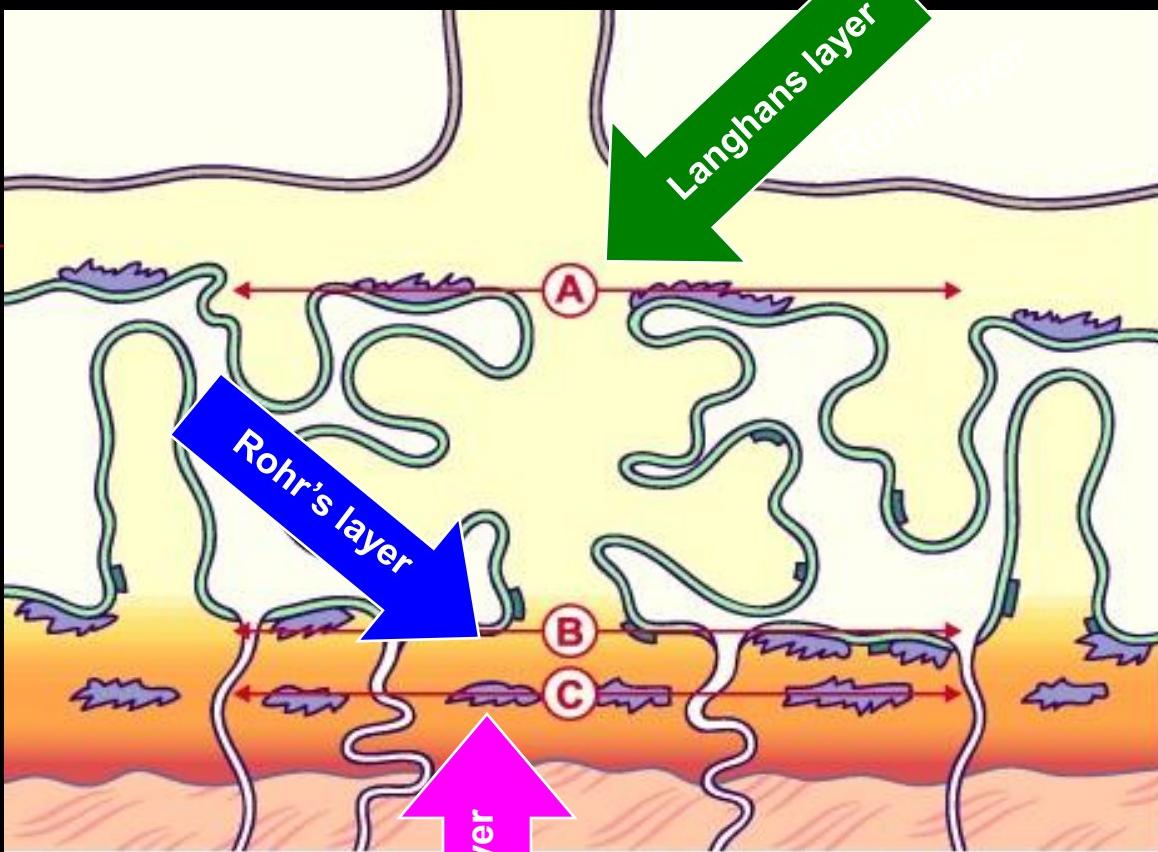
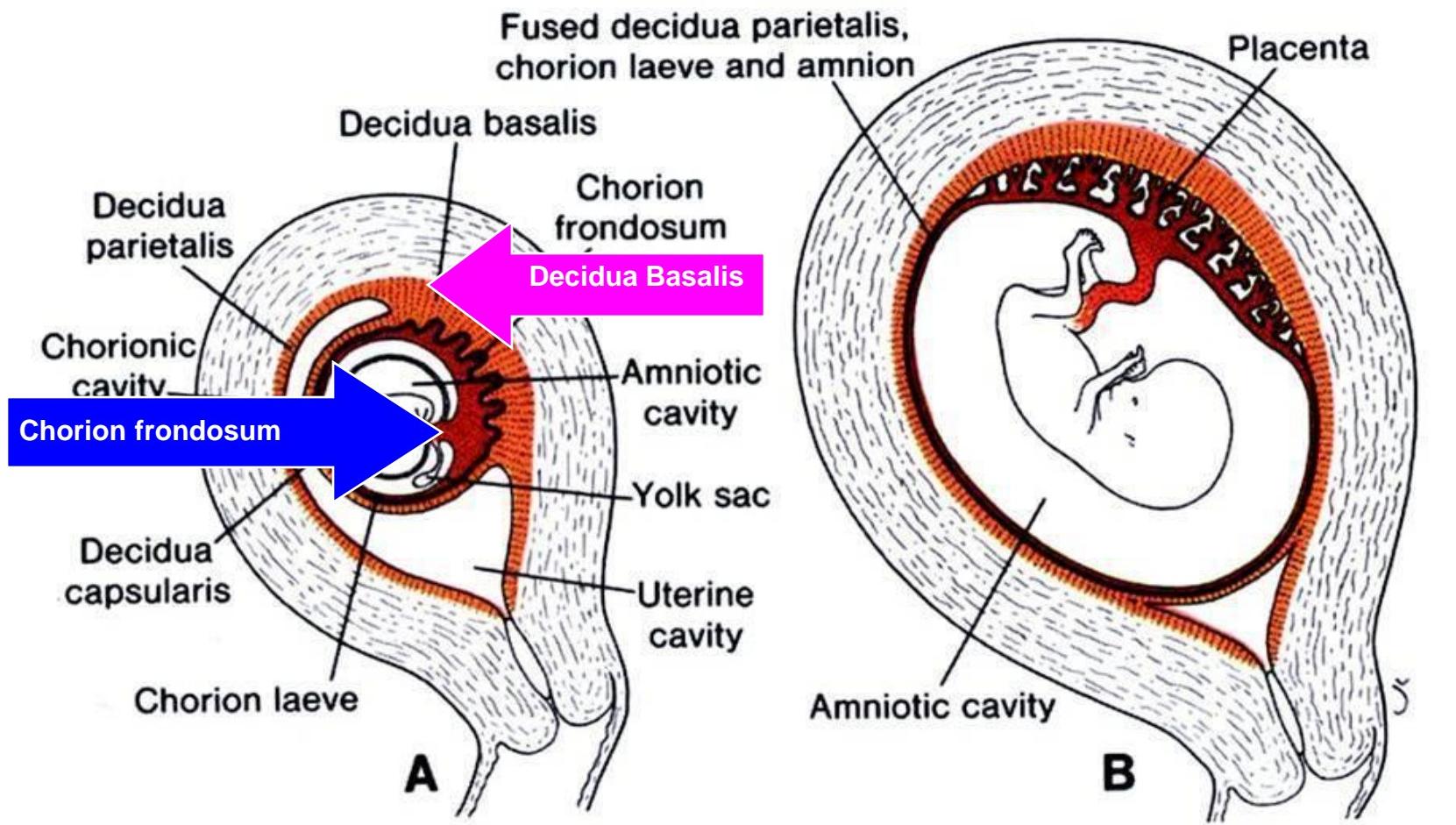


Figure 2-4 Human embryo at approximately 5 weeks.



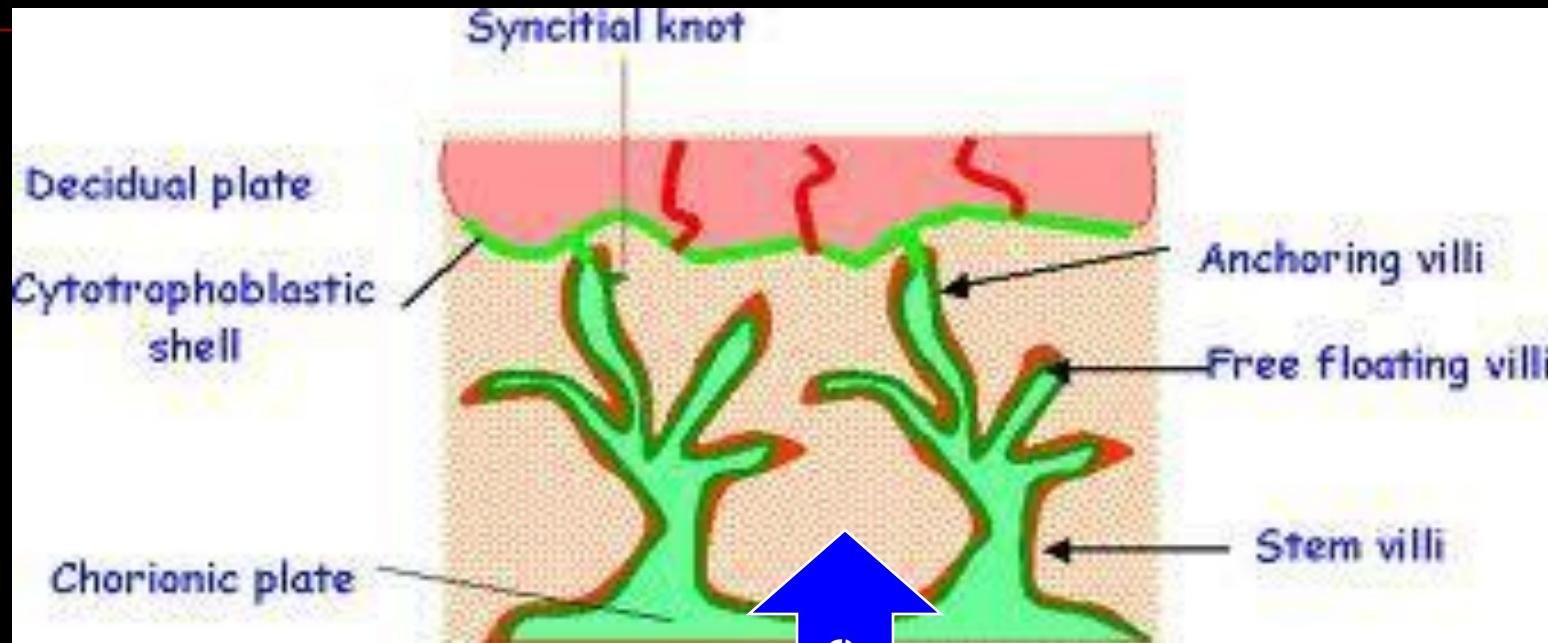
The fibrinoid deposits form the b-chorionic Langhans' layer A. Rohr's basal plate beneath the stem villi. Lying still deeper in the decidua below them they form Nitabuch's layer C. This is located at the boundary between the zona compacta and the zona spongiosa (where the release of the placenta takes place).

b-chorionic Langhans' layer A. Rohr's basal plate beneath the stem villi. Lying still deeper in the decidua below them they form Nitabuch's layer C. This is located at the boundary between the zona compacta and the zona spongiosa (where the release of the placenta takes place).



Chorionic villi

- 3 types—
 - Stem villi
 - Floating villi
 - Anchoring villi
- Floating villi—
 - Primary villi
 - Secondary villi
 - Tertiary villi



What is chorion laeve?

The degenerating chorion other than chorion frondosum

What is meant by primary villus?

Villus with cytotrophoblasts and syncytiotrophoblasts

What is meant by secondary villus?

Primary villus and extra-embryonic mesoderm

What is meant by tertiary villus?

Secondary villus plus blood vessels

When does primary villus appear?

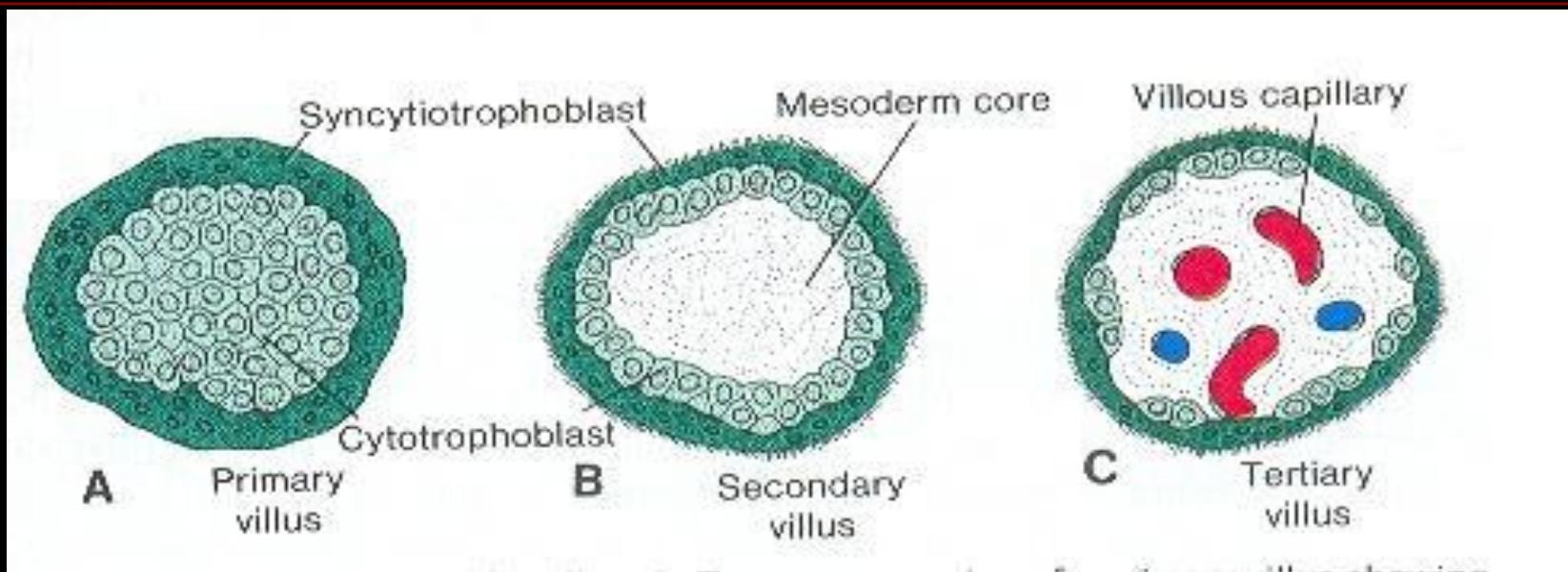
13th day of fertilisation

When does secondary villus appear?

16th day of fertilisation

When does tertiary villus appear?

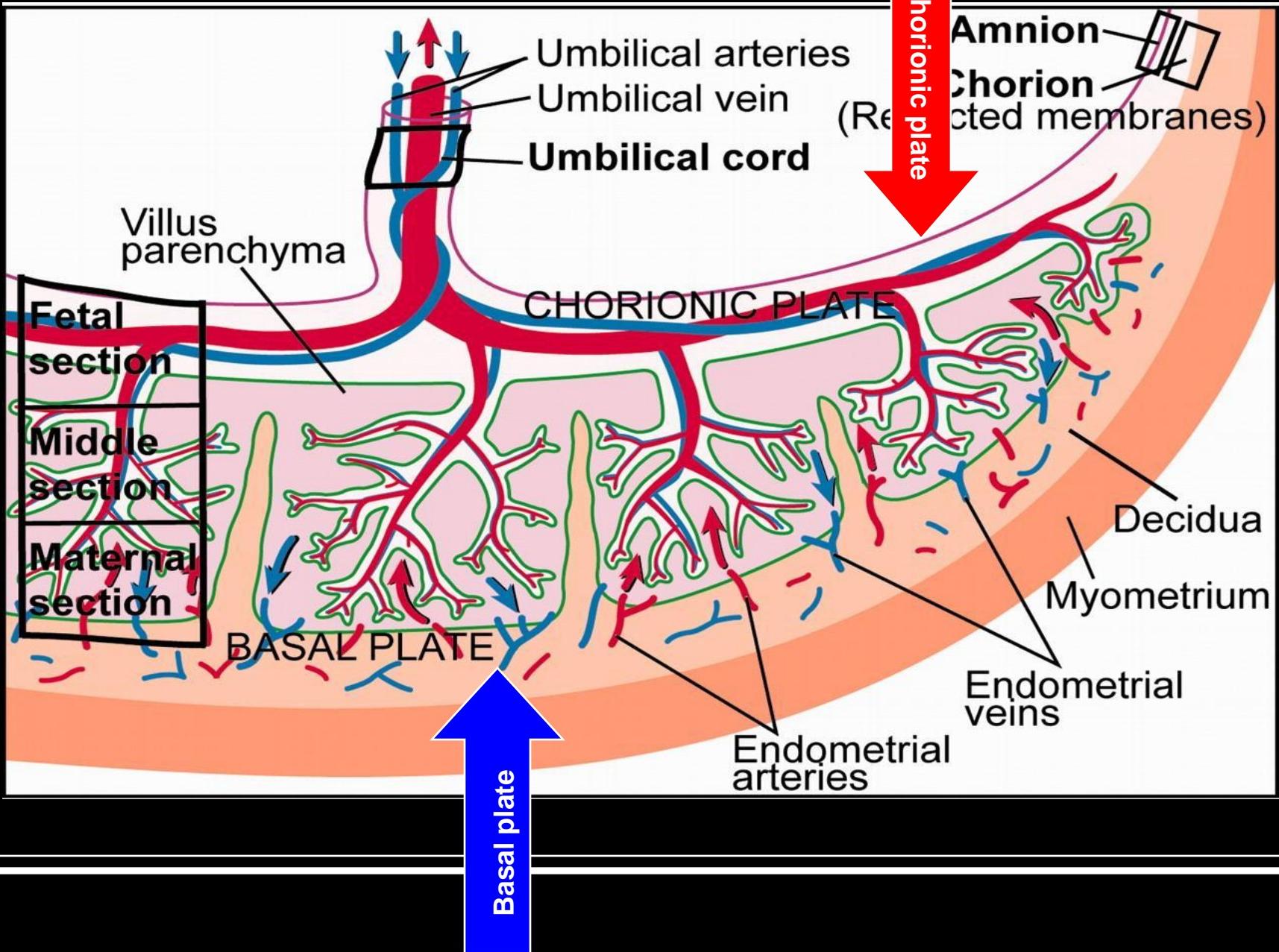
21st day of fertilisation



Mature placenta

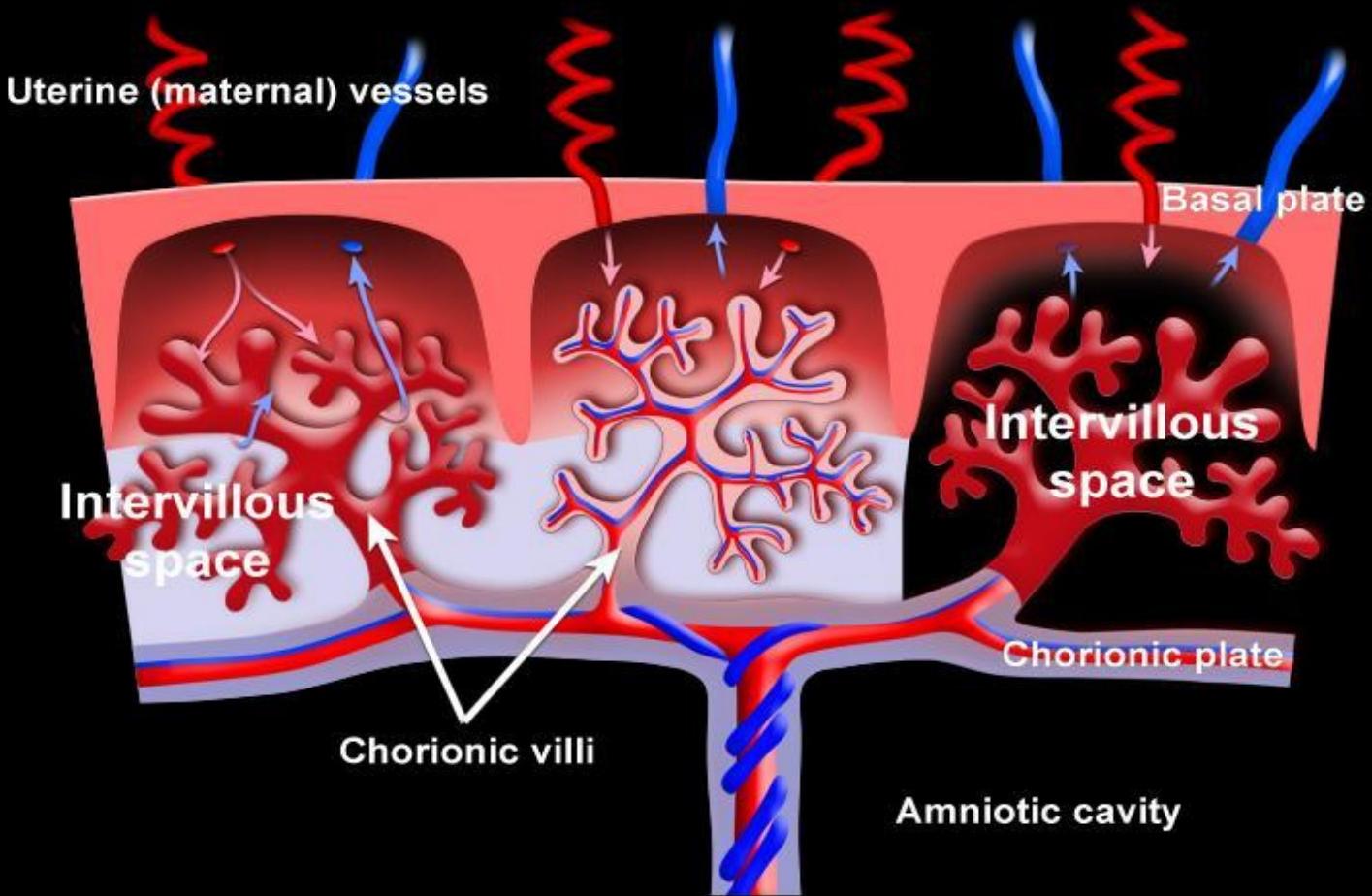
- Mature placenta has—

- Basal plate,
- Chorionic plate,
- Chorionic villi and
- Intervillous space



Intervillous Space

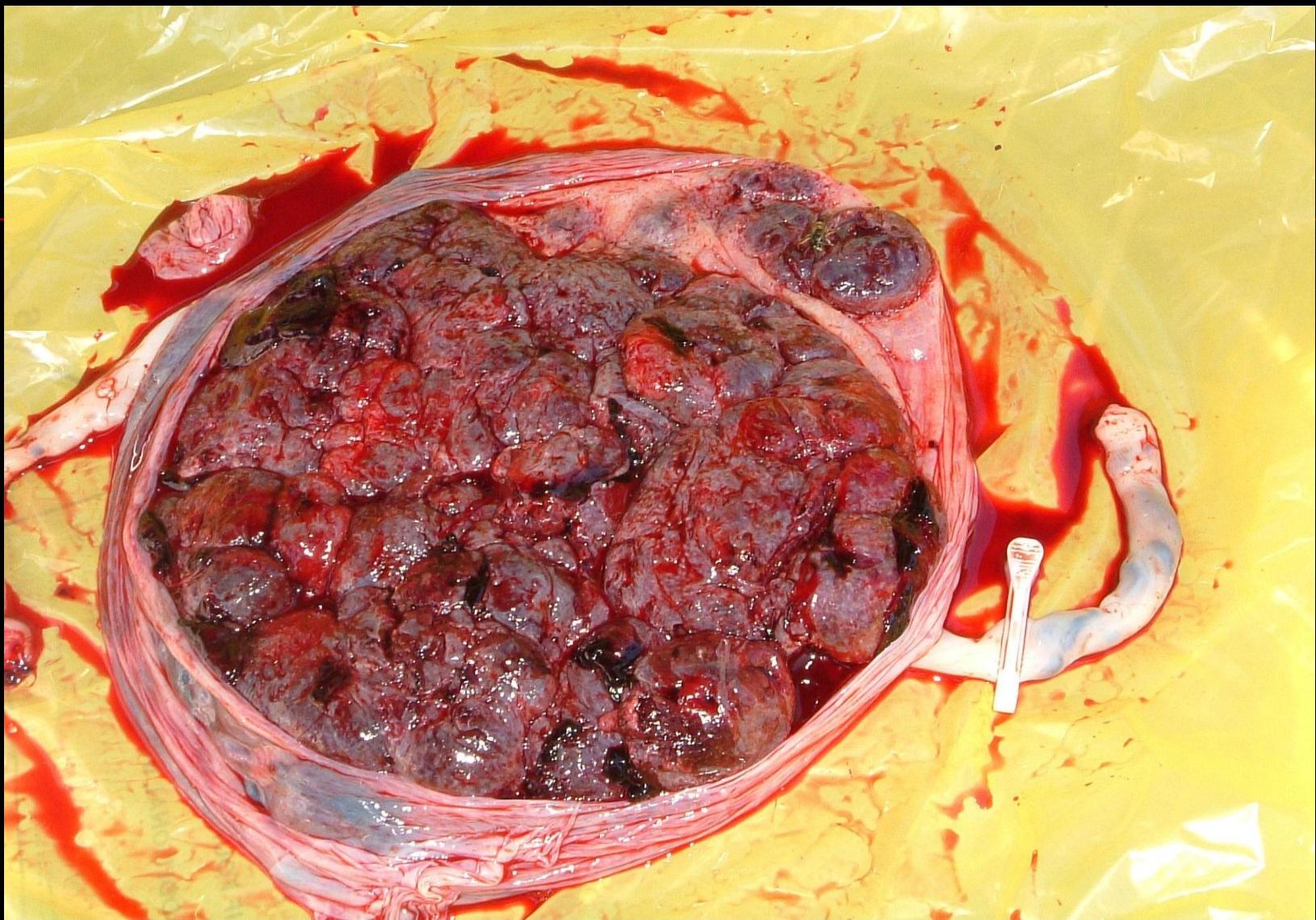
- It is lined on the inner side by chorionic plate
- Outside by basal plate
- Limited on the periphery by fusion of basal plate and chorionic plate
- It is lined internally syncytiotrophoblasts
- IV space is fed by spiral arteries and veins
- IV space is filled with maternal blood
- Chorionic villi are bathed in maternal blood like a reed in a swamp

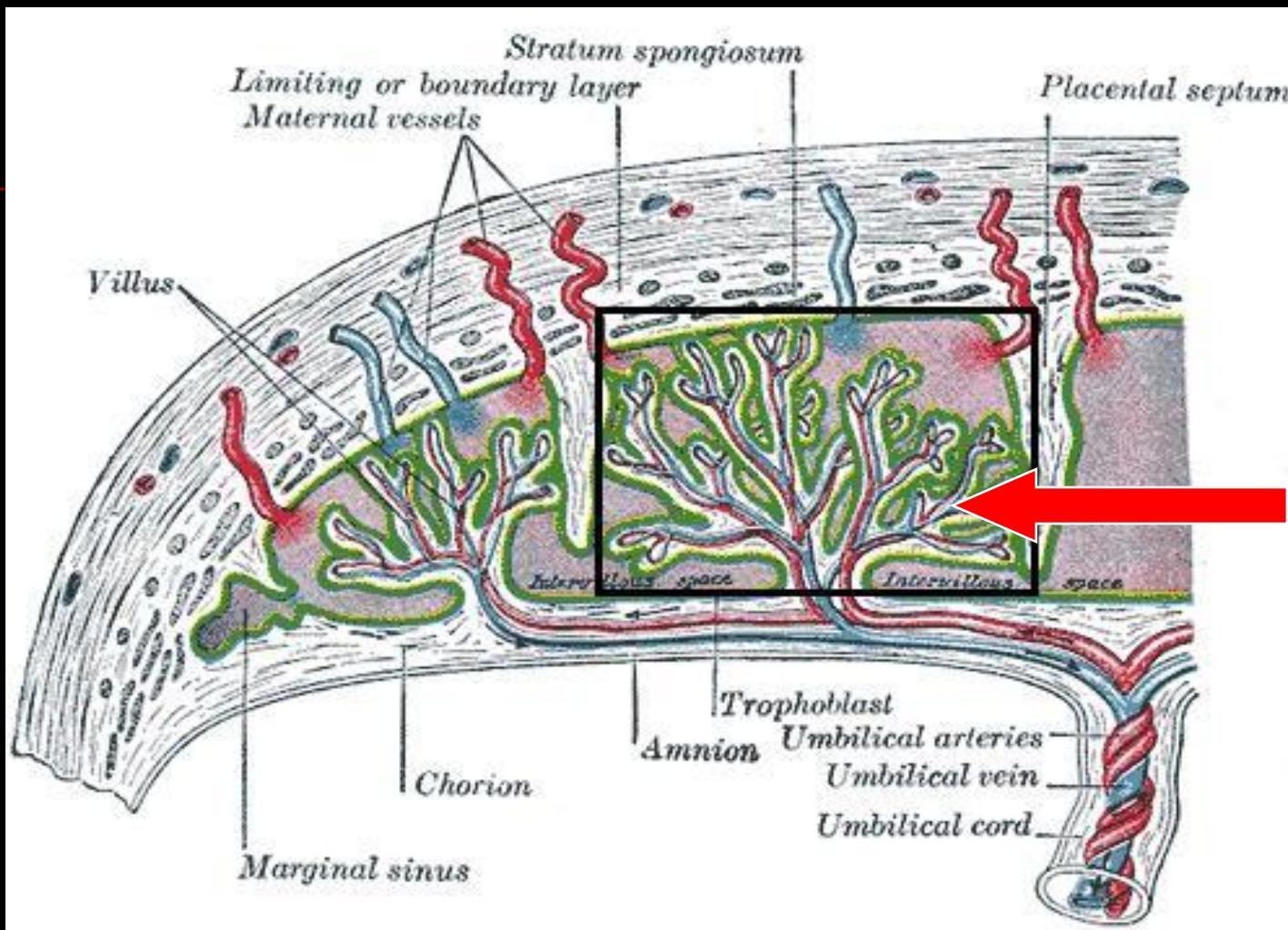


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What is meant by cotyledon?

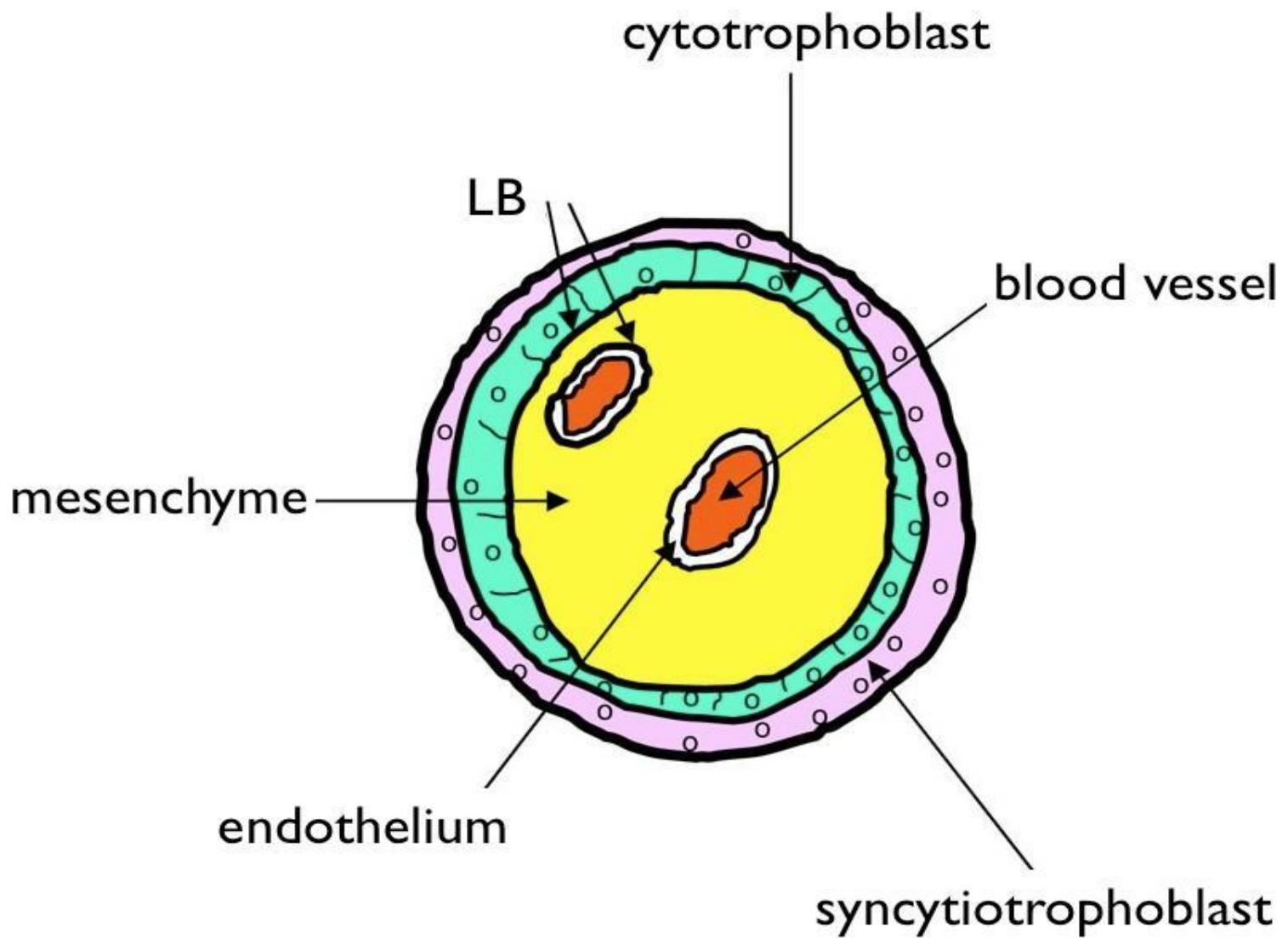
- Maternal surface of placenta is mapped out by polygonal areas known as cotyledons
- Each cotyledon contains one or two stem villi
- There are 15-20 cotyledons





What is meant by placental barrier?

- Layers of cells separating maternal and foetal blood
- Syncytiotrophoblast
- Cytotrophoblast
- Basement membrane of cytотrophoblast
- Mesoderm
- Endothelium of foetal blood vessel
- Basement of endothelium



What is the ratio of foetus and placenta?

- 6:1
-

Through which layer placenta separates?

- Decidua spongiosum

What is the weight of placenta?

- 500 mg

What is the thickness of placenta?

- 3 cm at the centre

What is the average length of cord?

- 50 cm

Define short cord?

- Cord less than 20 cm

What are the 2 components of placental circulation?

- Utero-placental and foeto-placental circulation

Describe utero-placental circulation

- It consists of IV space, spiral artery and vein and blood

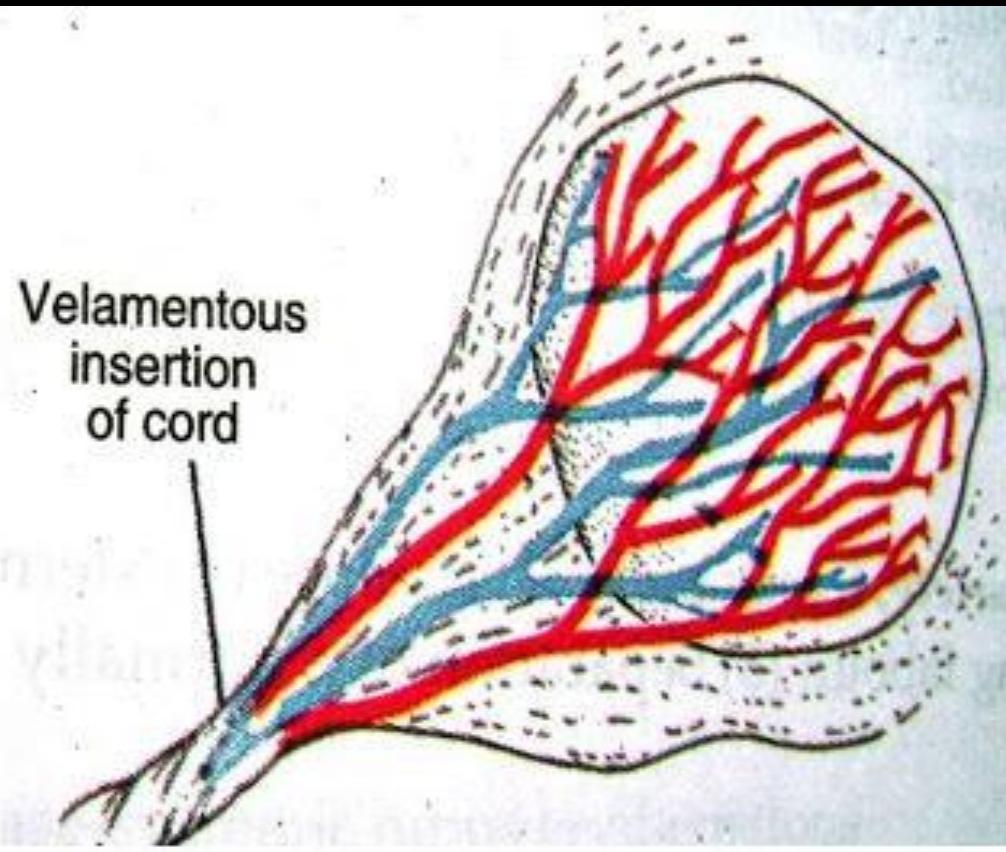
Describe foeto-placental circulation

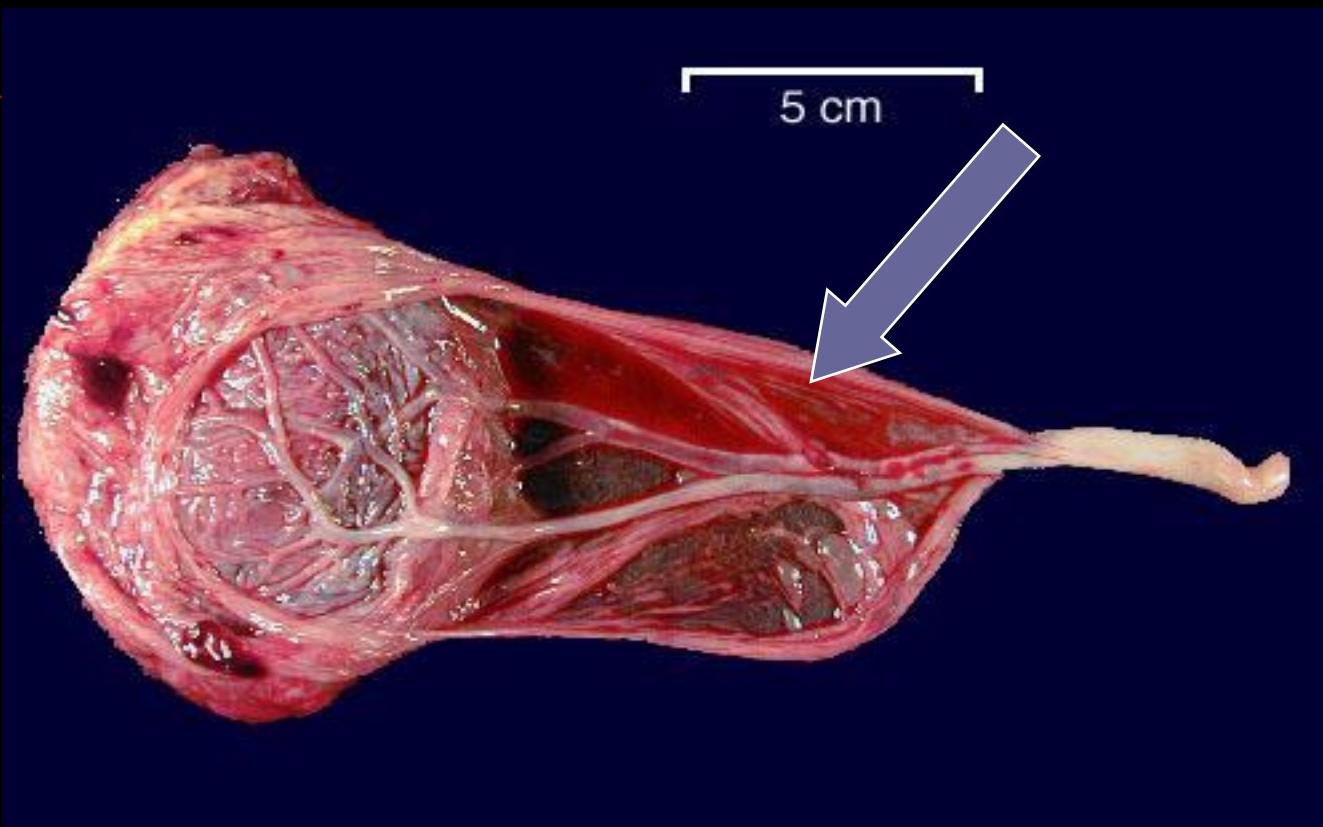
- 2 umbilical arteries and 1 vein
- Artery divides into primary, secondary and tertiary vessels
- Blood return to the vein through terminal capillary network or shunt

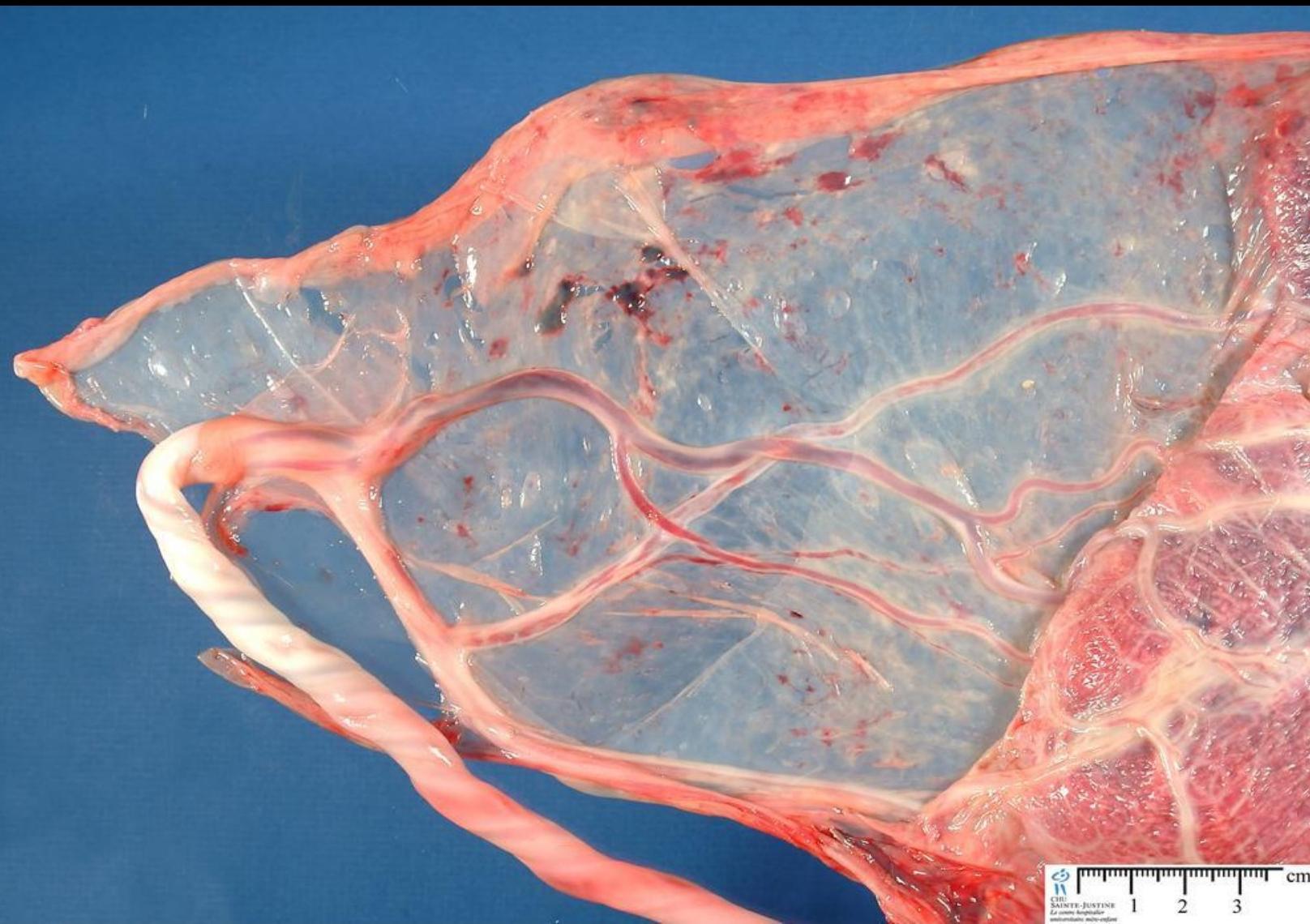
Name some abnormal placenta?

- Battledore placenta
- Velamentous placenta
- Placenta succenturiata
- Placenta praevia
- Circumvallate placenta
- Placenta accreta
- Placenta membranacea





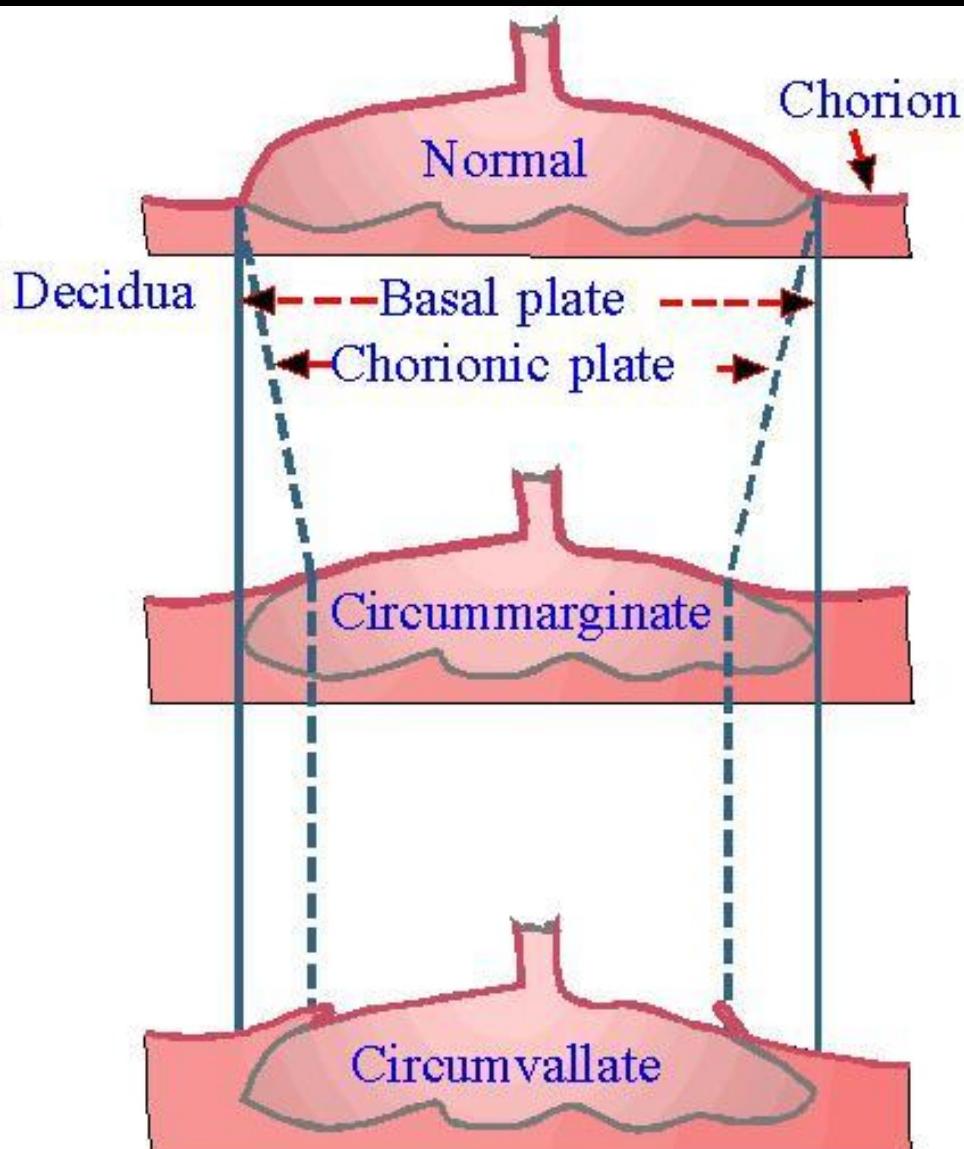


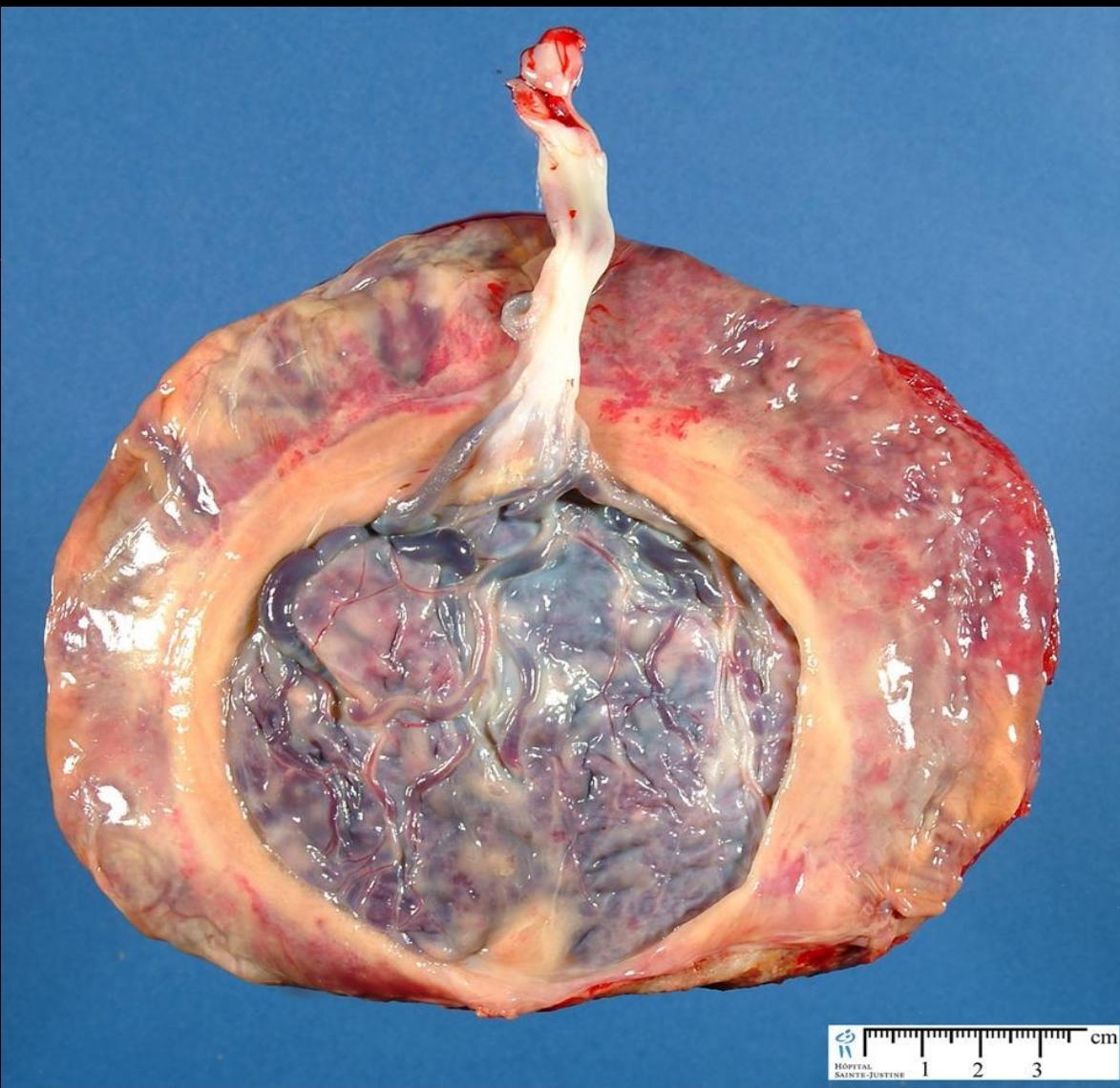




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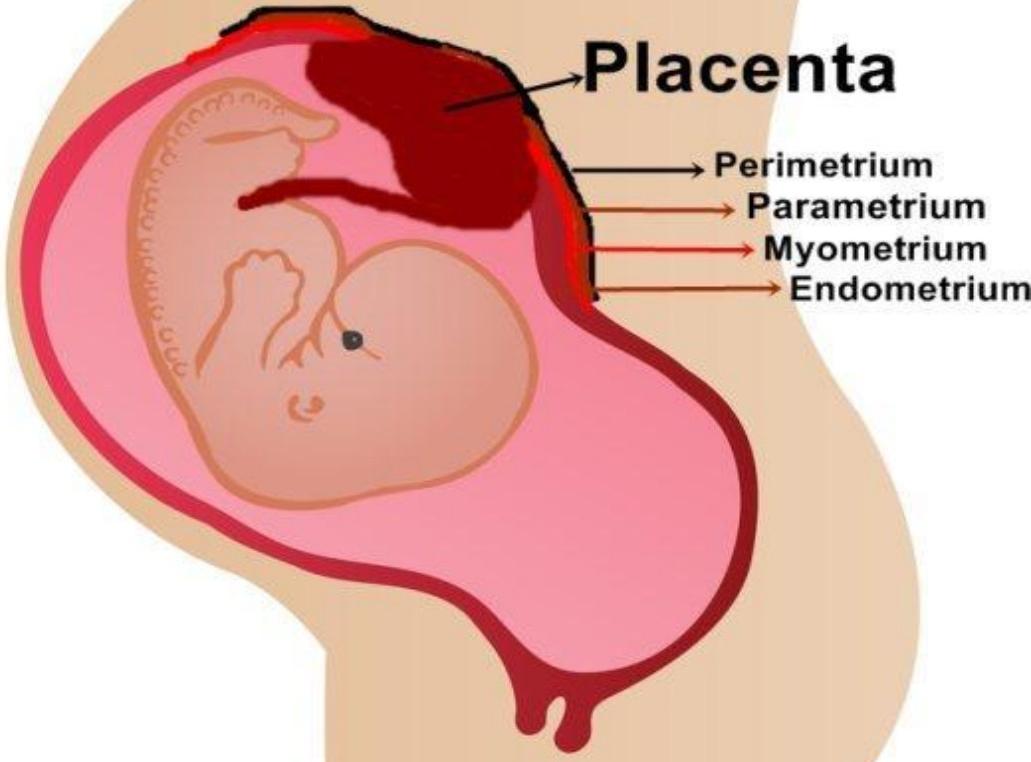




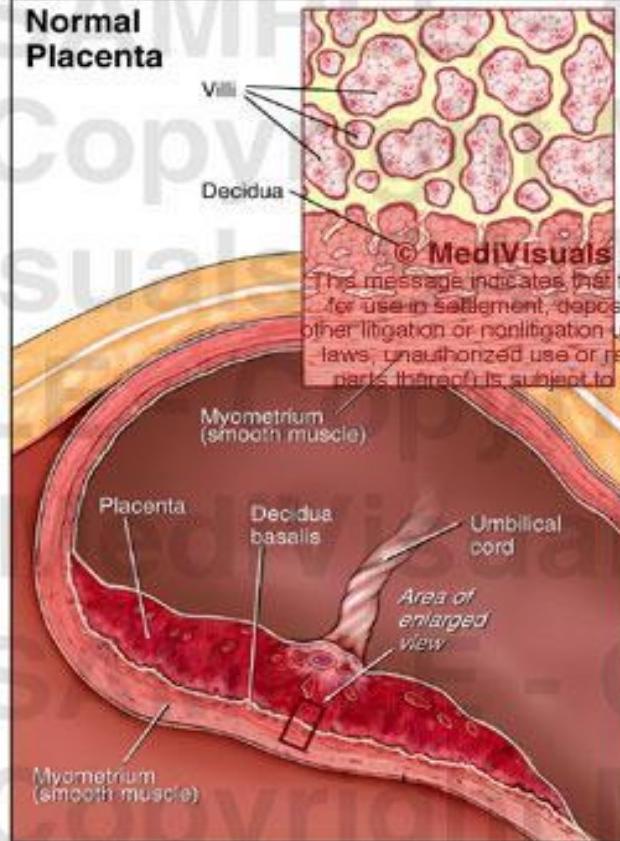
HÔPITAL
SAINTE-JUSTINE

1 2 3 cm

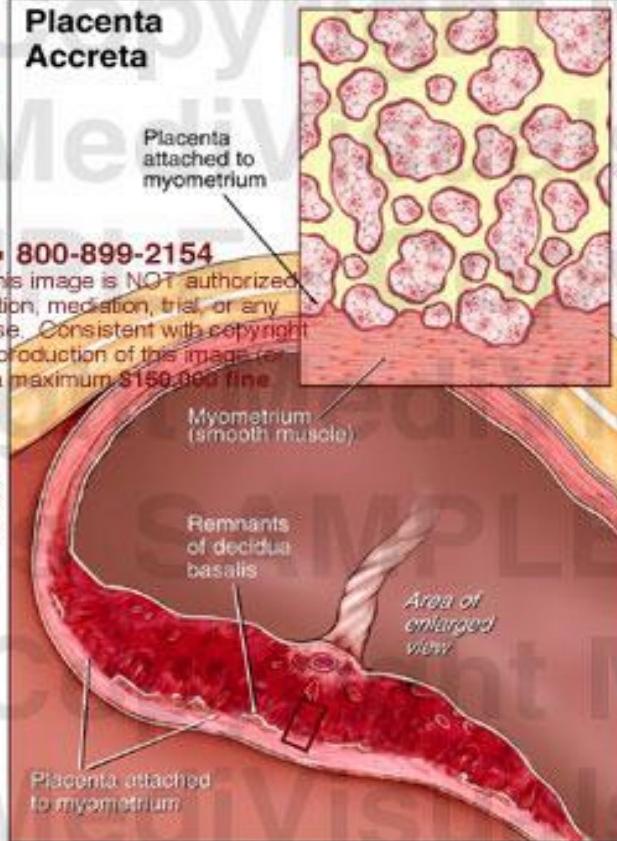
Placenta Accreta



Normal Placenta

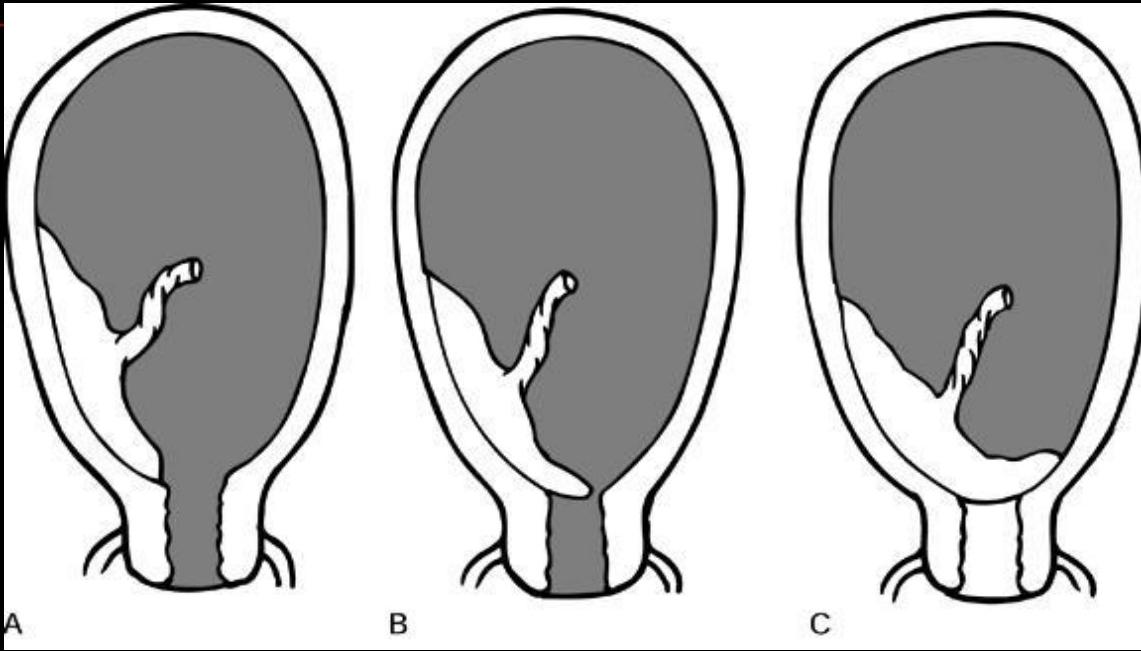


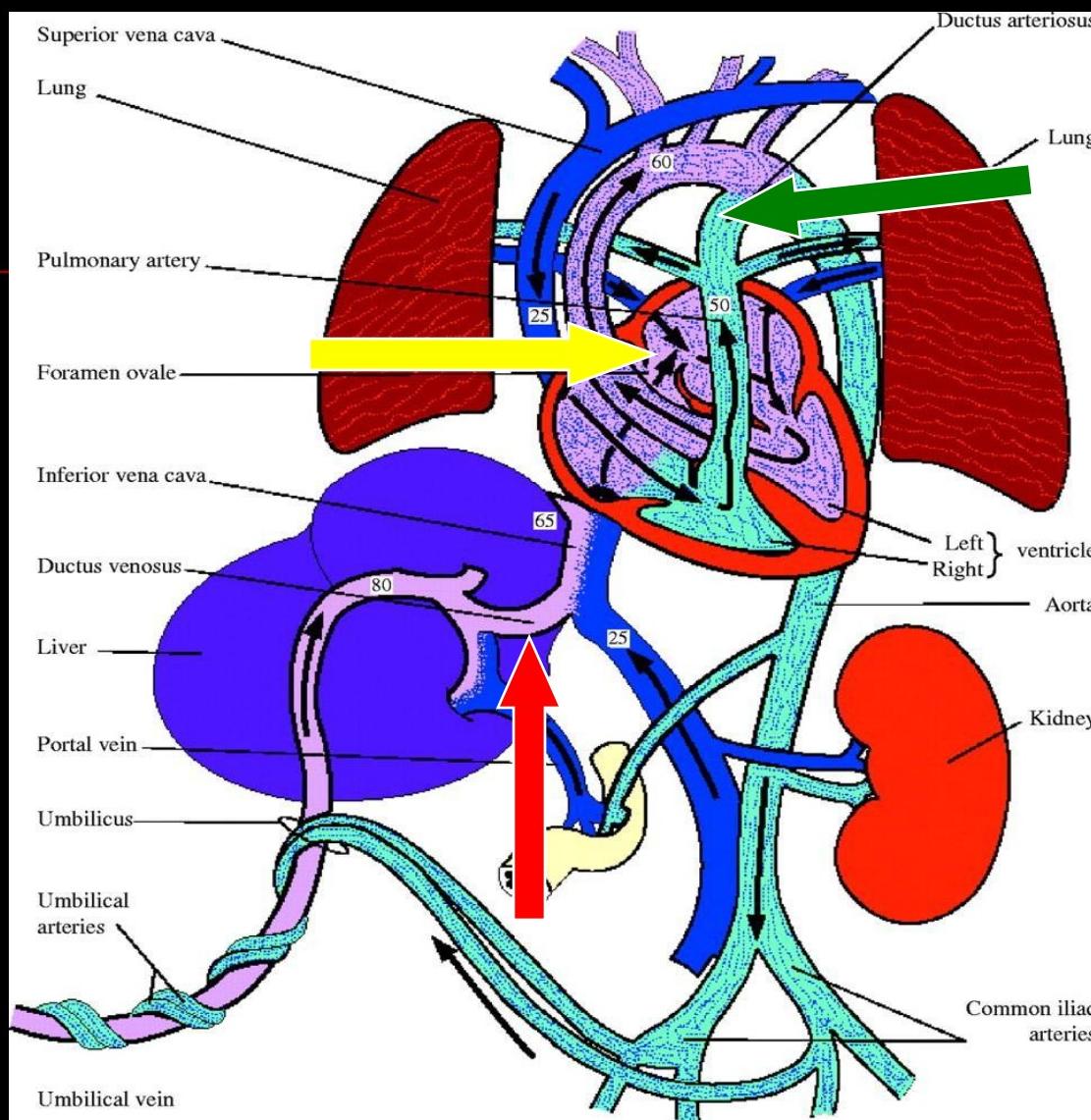
Placenta Accreta



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Exhibit# 104111_01XR





- From placenta blood is carried by umbilical vein
- Only 1 umbilical vein
- Right umbilical vein atrophies and left umbilical vein persists
- Umbilical vein joins the left branch of portal vein
- Majority of blood bypasses liver through ~~ductus venosus~~
- Blood from IVC directly enters LA through Foramen Ovale
- Blood from left ventricle bypasses lungs through ductus arteriosus
- Blood returns to placenta by umbilical arteries
- Circulation after birth—
- Lungs change from solid to an expanded state
- Umbilical arteries—proximal part—remain open as superior vesical arteries
- Umbilical arteries—distal part—umbilical ligaments
- The umbilical vein forms ligamentum teres
- Ductus venosus forms ligamentum venosus
- Fibrosis takes place in the ductus arteriosus and forms ligamentum arteriosus
- Completion takes place 3 months
- Foramen ovale closes in 1 year

Physiology of pregnancy

- Normal uterus—(1 X 2 X 3) inches; weight 80 g
 - Normal ovary—(1 x 2 x 3) cm; weight 20 g
 - Uterus by term 1000g
-
- Isthmus develops to lower segment

CVS—

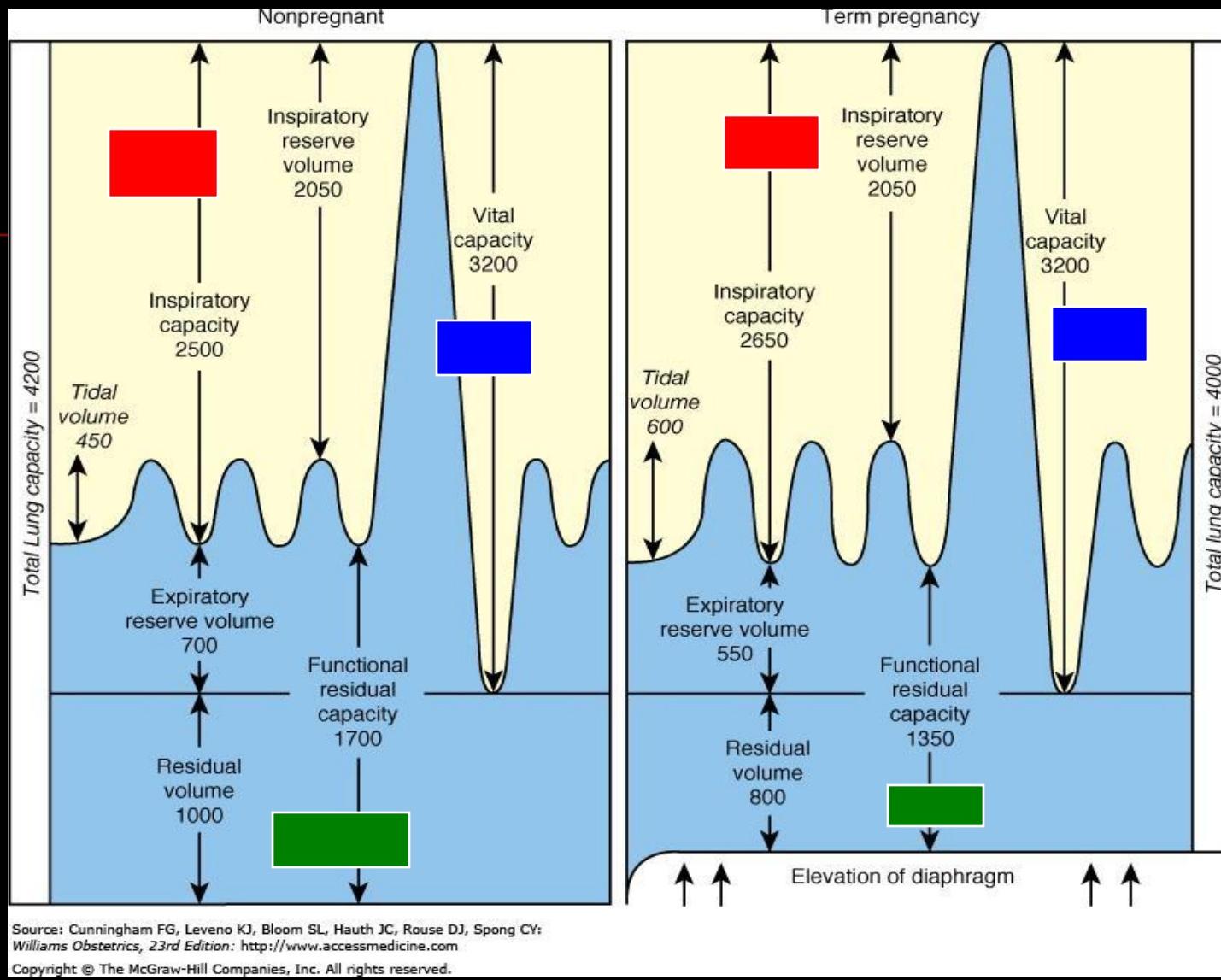
- CO increases by 50%
- Diastolic BP decreases by 15 mm Hg at mid pregnancy and returns normal in the 3rd TM

Haematological changes—

- Plasma volume increases by 40% and RBC volume 20%
- All coagulation factors except factor XI
- Physiological anaemia

Respiratory system

- Tidal volume increases
- Inspiratory capacity increases
- Vital capacity unchanged
- Functional residual capacity decreases
- Reduction in maternal pCO₂



Source: Cunningham FG, Leveno KJ, Bloom SL, Hauth JC, Rouse DJ, Spong CY: *Williams Obstetrics*, 23rd Edition: <http://www.accessmedicine.com>
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Renal system—

- Dilatation of ureters
- More chance of UTI
- Increased frequency of urination in the 1st and 3rd trimester
- GFR increases by 50%
- Renal glycosuria
- Microproteinuria

Hormones in pregnancy—

hCG produced by syncytiotrophoblast

- Peak level at 70 days
- Other important hormones—
 - Oestrogen
 - Progesterone
 - hPL

GIT—

- Gingival hypertrophy of pregnancy
 - Decrease in gastrointestinal motility
 - Relaxation of pyloric sphincter
 - Delayed gastric emptying
 - Constipation
 - Delayed emptying of gall bladder
 - Recurrent cholestasis of pregnancy
-

Skin—

- Chloasma of pregnancy

Other changes—

- Waddling gate of pregnancy
- Carpal tunnel syndrome